

FORM 5	MDEQ	MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY APPLICATION FOR AIR POLLUTION CONTROL PERMIT
Facility (Agency Interest) Information		Section A
1. Name, Address, and Location of Facility		
<p>A. Owner/Company Name: _____</p> <p>B. Facility Name <i>(if different than A. above)</i>: _____</p> <p>C. Facility Air Permit No. <i>(if known)</i>: _____</p> <p>D. Agency Interest No. <i>(if known)</i>: _____</p> <p>E. Physical Address</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1. Street Address: _____</p> <p>2. City: _____</p> <p>4. County: _____</p> <p>6. Telephone No.: _____</p> </div> <div style="width: 45%;"> <p>3. State: _____</p> <p>5. Zip Code: _____</p> <p>7. Fax No.: _____</p> </div> </div> <p>F. Mailing Address <i>(if different from physical address)</i></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1. Street Address or P.O. Box: _____</p> <p>2. City: _____</p> <p>3. State: _____</p> </div> <div style="width: 45%;"> <p>4. Zip Code: _____</p> </div> </div> <p>G. Latitude/Longitude Data</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1. Collection Point <i>(check one)</i>:</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Plant Entrance <input type="checkbox"/> Other: _____ </div> <p>2. Method of Collection <i>(check one)</i>:</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> GPS <div style="flex-grow: 1;">Specify coordinate system (NAD 83, etc.) _____</div> <input type="checkbox"/> Map Interpolation (Google Earth, etc.) <input type="checkbox"/> Other: _____ </div> <p>3. Latitude <i>(degrees/minutes/seconds)</i>: _____</p> <p>4. Longitude <i>(degrees/minutes/seconds)</i>: _____</p> <p>5. Elevation: _____ feet</p> </div> <div style="width: 45%;"></div> </div> <p>H. SIC/NAICS Codes <i>(primary code listed first)</i></p> <p>SIC: _____</p> <p>NAICS: _____</p> <p><i>(NAICS Code should correspond with the SIC Code directly above.)</i></p>		
2. Name and Address of Facility Contact		
<p>A. Name: _____ Title: _____</p> <p>B. Mailing Address</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1. Street Address or P.O. Box: _____</p> <p>2. City: _____</p> <p>4. Zip Code: _____</p> <p>6. Telephone No.: _____</p> </div> <div style="width: 45%;"> <p>3. State: _____</p> <p>5. Email: _____</p> <p>7. Fax No.: _____</p> </div> </div>		

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3. Name and Address of Air Contact (if different from Facility Contact)		
<p>A. Name: _____ Title: _____</p> <p>B. Mailing Address</p> <p>1. Street Address or P.O. Box: _____</p> <p>2. City: _____ 3. State: _____</p> <p>4. Zip Code: _____ 5. Email: _____</p> <p>6. Telephone No.: _____ 7. Fax No.: _____</p>		
4. Name and Address of the Responsible Official for the Facility		
<p><i>The Responsible Official is defined as one of the following:</i></p> <p>a. <i>For a corporation: a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit and the facilities employ more than 250 persons or have gross annual sales or expenditures exceeding \$25 million (in second quarter 1980 dollars), if authority to sign documents has been assigned or delegated in accordance with corporate procedures.</i></p> <p>b. <i>For a partnership or sole proprietorship: a general partner or the proprietor, respectively.</i></p> <p>c. <i>For a municipality, state, federal, or other public agency: either a principal executive officer or ranking elected official. For purposes of these regulations, a principal executive officer of a Federal agency includes the chief executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., a Regional Administrator of EPA). A principal executive officer of a military facility includes the facility commander, chief executive officer, or any other similar person who performs similar policy or decision-making functions for the institution.</i></p> <p>A. Name: _____ Title: _____</p> <p>B. Mailing Address</p> <p>1. Street Address or P.O. Box: _____</p> <p>2. City: _____ 3. State: _____</p> <p>4. Zip Code: _____ 5. Email: _____</p> <p>6. Telephone No.: _____ 7. Fax No.: _____</p> <p>C. Is the person above a duly authorized representative <input type="checkbox"/> Yes <input type="checkbox"/> No and not a corporate officer?</p> <p>If yes, has written notification of such authorization been submitted to MDEQ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Request for authorization is attached </p>		

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5. Type of Permit Application (Check all that apply)		
<p>State Permit to Construct (i.e., non-PSD or PSD avoidance)</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Initial Application <input type="checkbox"/> Modification </div> <p>New Source Review (NSR) Permit to Construct (includes both Prevention of Significant Deterioration (PSD) and Nonattainment)</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Initial Application <input type="checkbox"/> Modification </div> <p>Title V Operating Permit</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Initial Application <div style="flex-grow: 1;"> <input type="checkbox"/> Re-issuance: <i>Are any modifications to the permit/facility being requested?</i> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div> </div> <p style="margin-left: 20px;"><i>(If yes, provide a separate sheet identifying the modification(s) and resulting change to emissions.)</i></p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Modification (<i>Specify type</i>): <div style="display: flex; gap: 10px;"> <input type="checkbox"/> Significant <input type="checkbox"/> Minor <input type="checkbox"/> Administrative </div> </div> <p>Synthetic Minor Operating Permit (<i>Appendix B must be completed and attached.</i>)</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Initial Application <div style="flex-grow: 1;"> <input type="checkbox"/> Re-issuance: <i>Are any modifications to the permit/facility being requested? If yes, address such on a separate sheet.</i> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div> </div> <input type="checkbox"/> Modification <p>State Permit to Operate a Significant Minor Source (<i>defined in 11 Miss. Admin. Code Pt. 2, R.2.1.C(25).</i>)</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Initial Application <div style="flex-grow: 1;"> <input type="checkbox"/> Re-issuance: <i>Are any modifications to the permit/facility being requested? If yes, address such on a separate sheet.</i> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div> </div> <input type="checkbox"/> Modification <p>True Minor Determination</p> <input type="checkbox"/> Uncontrolled potential to emit air pollutants is below the Title V thresholds		
6. Process/Product Details		
<p>A. List Significant Raw Materials (<i>if applicable</i>):</p> <p>B. List All Products (<i>if applicable</i>):</p> <p>C. Brief Description of Principal Process(es):</p> 		

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6. Process/Product Details (continued)																																										
<p>D. Maximum Throughput for Raw Material(s) <i>(if applicable)</i>:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th style="width: 45%;">Raw Material</th> <th style="width: 30%;">Throughput</th> <th style="width: 25%;">Units</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <p>E. Maximum Throughput for Principal Product(s) <i>(if applicable)</i>:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th style="width: 45%;">Product</th> <th style="width: 30%;">Throughput</th> <th style="width: 25%;">Units</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>				Raw Material	Throughput	Units																			Product	Throughput	Units															
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<p>A. Number of employees at the facility: _____</p> <table style="width: 100%; margin-top: 10px;"> <tr> <td></td> <td style="text-align: center;">Average Actual</td> <td style="text-align: center;">Maximum Potential</td> </tr> <tr> <td>B. Hours per day the facility will operate:</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>C. Days per week the facility will operate:</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>D. Weeks per year the facility will operate:</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>E. Months the facility will operate:</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>					Average Actual	Maximum Potential	B. Hours per day the facility will operate:	_____	_____	C. Days per week the facility will operate:	_____	_____	D. Weeks per year the facility will operate:	_____	_____	E. Months the facility will operate:	_____	_____																								
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8. Maps																																										
<p>A. Attach a topographical map of the area extending to at least ½ mile beyond the property boundaries. The map must show the outline of the property boundaries.</p> <p>B. Attach a site map/diagram showing the outline of the property, an outline of all buildings and roadways on the site, and the location of each significant air emission source.</p>																																										

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9. Zoning		
<p>A. Is the facility (either existing or proposed) located in accordance with any applicable city and/or county zoning ordinances? If no, please explain.</p> <p>B. Is the facility (either existing or proposed) required to obtain any zoning variance to locate/expand the facility at this site? If yes, please explain.</p>		
10. Risk Management Plan		
<p>A. Is the facility required to develop and register a risk management plan pursuant to Section 112(r), regulated under 40 CFR Part 68? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. If yes, to whom was the plan submitted? _____ Date submitted: _____</p>		
11. Is confidential information being submitted with this application? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If so, please follow the procedures outlined in the Mississippi Code Ann. Sections 49-17-39 and 17-17-27(6), as outlined in MCEQ-2 – “Regulation regarding the review and reproduction of public records”.</i>		
12. Certification		
<p><i>Note: If approved by MDEQ, a duly authorized representative (DAR) may sign the air permit application. The DAR must be listed in Section 4 of this application.</i></p> <p><i>I certify that to the best of my knowledge and belief formed after reasonable inquiry, the statements and information in this application are true, complete, and accurate, and that as a responsible official, my signature shall constitute an agreement that the applicant assumes the responsibility for any alteration, additions, or changes in operation that may be necessary to achieve and maintain compliance with all applicable Rules and Regulations. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.</i></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>_____ Signature of Responsible Official/DAR</p> <p>_____ Printed Name</p> </div> <div style="width: 45%;"> <p>_____ Date</p> <p>_____ Title</p> </div> </div>		

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13. Required Sections							
<p>For the sections below, indicate the number that have been completed for each section as part of the application.</p>							
Section A _____	Section L1 _____	Section M5 _____					
Section B _____	Section L2 _____	Section M6 _____					
Section C _____	Section L3 _____	Section M7 _____					
Section D _____	Section L4 _____	Section M8 _____					
Section E _____	Section L5 _____	Section M9 _____					
Section F _____	Section L6 _____	Section M10 _____					
Section G _____	Section L7 _____	Section N _____					
Section H _____	Section M1 _____	Appendix A _____					
Section I _____	Section M2 _____	Appendix B _____					
Section J _____	Section M3 _____	Appendix C _____					
Section K _____	Section M4 _____						
<p>The following permit applications must contain the specified sections, at a minimum, to be considered administratively complete.</p>							
Permit Type	Section				Appendix		
	A	B	M	N	A	B	C
State Permit to Construct	X	X		X			
New Source Review (PSD) Permit	X	X		X			X
Title V Operating Permit	X	X	X	X	X		
Synthetic Minor Operating Permit	X	X	X	X		X	
State Permit to Operate	X	X	X	X			
True Minor Determination	X	X					